UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway - 21st Floor New York, NY 10007-1866

| ASBES | TOS NE | SHAP NO | TIFICATION OF DEMOL | ITION AN | D REN | OVATION | ON | |
|--|------------------|----------------------|--|---|---|--|--------------------------|---|
| Operator Project # | Postmark | Date Received | Notification | | | | | |
| | | | | | | | | |
| I. TYPE OF NOTIFICATION | (O = Origina | l / R = Revised / E | = Emergency/C = Cancelled) : Origi | nal | | | | |
| II. FACILITY INFORMATI | ON (Identify | owner, removal c | ontractor, and other operator) | | *************************************** | | | |
| OWNER NAME: Rich & Gardner Construction Co. | | | | | | | | |
| Address: 206 Plu | m Stree | t | | | | | | |
| city: Syracuse | | State: NY | ZIP: 13204 | | | | | |
| Contact: Dan Gardner | | Tel: 315-333-2777 | | | | | | |
| REMOVAL CONTRACTOR | | | CTING, INC. | | | | | |
| Address: 6010 DRO | TT DRIV | /E | ************************************** | | | | | |
| City: EAST SYRAC | USE | State: NY | ZIP: 13057-2943 | | | | | |
| Contact: CRAIG ZIN | SERLING | | Tel: 315-671-6006 | | | | | |
| OTHER OPERATOR: | | | L | | 1,510-1 W-110 | ************************************** | | |
| Address: | | | | | | | | |
| City: | | State: | ZIP: | | | ····· | | |
| Contact: | | | Tel: | - | | | | |
| III. TYPE OF OPERATION | (D = Demoi | ition / O = Ordered | d Demolition/R = Renovation/E = Emerge | ency): R | | 4 410 - 111 | | |
| IV. IS ASBESTOS PRESEI | NT? (Yes/No |): YES | | | | | | |
| V. FACILITY DESCRIPTION | N (include b | uilding name, nur | mber and floor or room number): | F 7 (81 - 100 may - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | TT TOWNS CO. | *********** |
| Building Name: VP S | upply (| Corporatio | n | | ······································· | | - to *** | |
| Address: 6166 Ea | st Moll | oy Road | | | | 3.00 | | |
| city East Syrac | use | State: NY | County: ONONDAGA | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Site Location: North | Windo | w Wall/Bat | hrooms-Front Room/La | b Office/F | ront F | Room W | Vindows | ; |
| Building Size: C | Sq Ft: 75,000 | # of Floors: | Age in Years: 54 (Built in 19 | 61) | | | | |
| Present Use: Industr | ial | Prior Use: Inc | lustrial | | | | | |
| VI. PROCEDURE, INCLUD | ING ANALY | FICAL METHOD, IF | APPROPRIATE, USED TO DETECT THE | E PRESENCE | | | | |
| OF ASBESTOS MATE | RIAL: | | | | | | | |
| | | | | ************************************** | | | | |
| | | | ON-FRIABLE ASBESTOS MATERIAL T OF ASBESTOS BELOW: | | Non-friab | le | Indicate Un Measureme | |
| 1. Regulated ACM to be removed 2. Category I ACM not removed to be | | | Asbestos Material | | | 20.01 | | |
| 3. Category II ACM | | | * | removed | not to be | | | |
| Pipes - Linear Feet 984 | LF | | | | Cat I | Cat II | UNIT LnFt: X | Ln M: |
| | | | | | | | LIII L. A | |

| VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM | | Non-friable Asbestos Material not to be removed | | Indicate Unit of Measurement below | |
|---|-------------|--|------------|---------------------------------------|-------|
| not removed | | Cat I | Cat II | UNIT | |
| Pipes - Linear Feet 984 LF | | | | LnFt: X | Ln M: |
| Surface Area - 334 SF Non-Friable VAT/mastic and 40 SF Non-Friable Widow glaze/caulk | | | | SqFt: X | Sq M: |
| Volume RACM off Facility Component | | | | CuFt: | Cu M: |
| VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 07/25/2016 | 6 | Comple | etion: 10/ | 31/2016 | |
| IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: | Completion: | | | | |

| ASBESTOS NESHAP NOTIFICATION OF D | EMOLITION AND RENOVATION | (continued) | | |
|--|--|------------------------|--|--|
| X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WOR | K, AND METHOD(S) TO BE USED: | (continued) | | |
| XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTR ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: | OLS TO BE USED TO PREVENT EMIS | SSIONS OF | | |
| XII. WASTE TRANSPORTER #1 | | | | |
| Name: ROBINSON ROLL OFF | | | | |
| Address: 3486 FRANKLIN STREET RD | | | | |
| City: AUBURN | State: NEW YORK | ZIP: 13021 | | |
| Contact Person: ART DUFORE | Telephone: 315-252-7227 | | | |
| WASTE TRANSPORTER #2 | | | | |
| Name: | | | | |
| Address: | | | | |
| City: | State: | ZIP: | | |
| Contact Person: | Telephone: | | | |
| XIII. WASTE DISPOSAL SITE | | | | |
| Name: HIGH ACRES LANDFILL | | | | |
| Address: 425 PERINTON PARKWAY | | | | |
| City: FAIRPORT | State: NEW YORK | ZIP: 14450 | | |
| Telephone: 585-223-6132 | | | | |
| XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLE | ASE IDENTIFY THE AGENCY BELOW | | | |
| Name: | Title: | | | |
| Authority: | | | | |
| te if Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): | | | | |
| XV. FOR EMERGENCY RENOVATIONS | | | | |
| Date and Hour of Emergency (MM/DD/YY): | | | | |
| Description of the Sudden, Unexpected Event: | | | | |
| | | | | |
| Explanation of How the event caused unsafe conditions or would caus | e equipment damage or an unreason | able financial burden: | | |
| XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PU | THAT UNEXPECTED ASBESTOS IS ILVERIZED, OR REDUCED TO POWE | FOUND OR DER: | | |
| XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOW HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE F (Required 1 year after promulgation). | ATION AND EVIDENCE THAT THE R | FOLURED TRAINING | | |
| Signature of Owner/Operator | Date | | | |
| XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. | | | | |
| Signature of Owner/Operator CRAIG ZINSERLING | Date: July 6, 20 | 016 | | |